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## BIB DATA SHEET

CONFIRMATION NO. 9497

<b>SERIAL NUMBER</b> 10/816,279	<b>FILING or 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 163P006(B)		
<b>APPLICANTS</b> Jeffrey A. Kline, Charlotte, NC; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/400,339 03/26/2003 PAT 7,083,574 which is a DIV of 09/965,303 09/27/2001 PAT 6,575,918 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/16/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROBERT L NASSER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> CHRISTIE, PARKER & HALE, LLP PO BOX 7068 PASADENA, CA 91109-7068 UNITED STATES						
<b>TITLE</b> Non-invasive device and method for the diagnosis of pulmonary vascular occlusions						
<b>FILING FEE RECEIVED</b> 653	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			